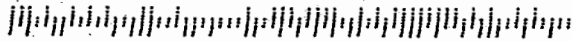


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

USDC
1 Courthouse Way
Suite 2300
Boston, MA 02210

02210-300475



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brett Torngren
56 Sherman Ave
N. Providence, RI
02911

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brett Torngren*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Brett Torngren

C. Date of Delivery

12-1-18

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

7002 050010004 135911637

10124112345 DPW